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GOVERNOR MIKE PENCE
Hon. Clayton A. Graham, Chair

REGISTRATION FORM

CONTACT PERSON INFORMATION

Name _____

Phone Number _____

E-mail Address _____

SCHOOL INFORMATION

Name _____

Address _____

City _____

Phone Number _____

RESERVATION DETAILS

Number of Students _____ (maximum 60)

Number of Chaperones _____ (no limit)

Please describe any dietary, audio/visual, accessibility or other accommodations needed:

Scan this form to Brad Meadows, Indiana Civil Rights Commission, at bmeadows@icrc.in.gov. Seating capacity for the program is limited and is reserved in the order that they are received. For additional information call Brad Meadows at (317) 232-2651.